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USPTO FACSIMILE COVER SHEET

To: Commissioner for Patents
Fax Number: (571) 273-8300
Date: July 20, 2007
Pages: 24 pages (including this cover sheet)

MESSAGE:

SYSTEMS AND METHODS FOR WORD PREDICTION
AND SPEECH RECOGNITION
Application No. 09/904,147
Examiner T. E. Shortledge
Art Unit 2654

Amendment Transmittal
Petition and Fee for Extension of Time
Completed Credit Card Payment Form
Amendment

JP920000133US1
(590.074)

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FERENCE & ASSOCIATES LLC
Amendment Transmittal

Atty. Docket No. JP920000133US1
(590.074)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re Application of : Mori et al.
Serial No. : 09/904,147 Examiner : T. Shortledge
Filed : July 11, 2001 Group Art Unit : 2654
For : SYSTEMS AND METHODS FOR WORD PREDICTION AND
SPEECH RECOGNITION

HON. COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

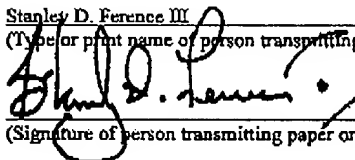
Transmitted herewith is an Amendment in the above-identified application.

1. ☒ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF FACSIMILE TRANSMITTAL

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (571) 273-8300 on July 20, 2007 to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ference III
(Type or print name of person transmitting paper or fee)


(Signature of person transmitting paper or fee)

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5. ☐ Also enclosed: _____
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)		Highest No. Prev. paid for (Col. 2)		Present Extra (Col. 3)	<u>SMALL ENTITY</u>				<u>OTHER THAN A SMALL ENTITY</u>		
						<u>RATE</u>	<u>FEE</u>			<u>RATE</u>	<u>FEE</u>	
Total Claims	18	-	** 21	=	* 0	x \$25	=	O	x	\$50	=	0
Ind. Claims	13	-	*** 13	=	* 0	x \$100	=	O	x	\$200	=	0
<input type="checkbox"/> Multiple Dependent Claim Presented						+ \$180	=	O	+	\$360	=	
						<u>TOTAL</u>	= \$_____			<u>TOTAL</u>	= \$0_____	